

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212545272</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Great American Security Insurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F0599839</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	25,000
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COMMON	25,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 301 E. FOURTH STREET</p> <p style="text-align: center;">CITY/ST/ZIP: CINCINNATI, OH 45202</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD DUMFORD LARSON  TITLE: CH/P  ADDRESS: 301 E. FOURTH STREET  CITY/ST/ZIP/CO: CINCINNATI, OH 45202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD DUMFORD LARSON TITLE: CH/P ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	KAREN HOLLEY HORRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/EXEC C/SECY		
ADDRESS:	301 E. FOURTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	ROBERT EUGENE MALY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 E. FOURTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	VITO CHARLES PERAINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 E. FOURTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	MICHAEL DAVID PIERCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1515 WOODFIELD ROAD		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		
NAME:	PIYUSH KUMAR SINGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	49 E. FOURTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	MICHAEL EUGENE SULLIVAN, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 E. FOURTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EVE CUTLER ROSEN	EVE CUTLER ROSEN, SVP/GC/AS	11/27/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			